| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| Name and Address of Committee | 2. Date of this Statement | |
| Acadian Home: Builders Assn. | January 30, 2019 | |
| BUILD PAC | 3. Estimated Membership | |
| PO 180X 60486 | 578 | |
| Lafayette, LA 70596 | 4. Amended Statement? | |
| Check If: New Committee | YesNo | |
| 5. All Committee Officers and Directors (including Chairperson, Treasure | er, if any, and any other committee of | ficers and directors) |
| a. Name b. Position | c. Address | |
| Michel W. Munney Chairperson Treasurer | 108 Letchworth lar Lafagette, LA 70 | |
| 6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) a. Name b. Address Acadiun Home Bulders Account C. Relationship to Committee Pavent to Established Bulders Account Committee Pavent to Established Bulders Account Committee Pavent to Established Bulders Account Committee Pavent to Established Committee Committee Committee Pavent to Established Committee Commi | | |
| 7. All Depositories for Committee Funds (committee funds must be depofunds.) | osited in one or more banks or saving | s and loan institutions or money market mutual |
| JP Morgan Chase Bank, NA b. Address Po Bix USA: San Antonio | 154 , TX 78265-9754 | L |
| | eck one: Principal Campa | |
| b. Name of Candidate | | c. Office Sought by the Candidate |
| 9. a. Name of Person Preparing Report Advience B- Fontonot 337-981-3053 b. Daytime Telephone | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEM and belief. | MENT OF ORGANIZATION is true and | d correct to the best of our knowledge, information |
| This 30 day of 2019 Signature of Committee Chairperson | | 77-984-0025 me Telephone Number |
| Signature of Committee Treasurer, if any | Dayt | me Telephone Number |